

CHAPTER 50-10 AID TO CRIPPLED CHILDREN

50-10-01. Definitions. In this chapter unless the context or subject matter otherwise requires:

1. "County agency" means the county social service boards in this state.
2. "State agency" means the North Dakota department of human services.

50-10-02. Crippled children's commission - Members - Appointment - Term of office - Removal. Repealed by S.L. 1971, ch. 468, § 5.

50-10-03. Commission - Compensation - Chairman. Repealed by S.L. 1971, ch. 468, § 5.

50-10-04. Commission - Powers. Repealed by S.L. 1971, ch. 468, § 5.

50-10-05. Administration of services for crippled children by state agency. Services for crippled children must be administered by the state agency.

50-10-06. Duties of the state agency. The state agency, in administering this chapter, shall:

1. Cooperate with the federal government in the development of plans and policies for services for crippled children.
2. Make such rules and regulations and take such action as may be necessary to entitle the state to receive aid from the federal government for services for crippled children in conformity with title 5, part 2, of the federal Social Security Act and its amendments.
3. Take such action, give such directions, and promulgate such rules and regulations as may be necessary or desirable to carry out the provisions of this chapter, including the adoption and application of suitable standards and procedures to ensure uniform and equitable treatment of all applicants for services for crippled children.
4. Cooperate with the federal government in matters of mutual concern pertaining to services to crippled children, including the adoption of such methods of administration as are found by the federal government to be necessary for the efficient operation of the plan for such assistance.
5. Provide such qualified employees and representatives as may be necessary.
6. Establish a merit system covering all state and county personnel engaged in the administration of this chapter who are not covered by a statewide merit system.
7. Establish and enforce the necessary rules and regulations to maintain such merit system as may be required under the provisions of the federal Social Security Act.
8. Make reports in such form and containing such information as the federal government, from time to time, may require and comply with such provisions, rules, and regulations as the federal government, from time to time, may find it necessary to make to assure the correctness and verification of such reports.
9. Publish a biennial report and such interim reports as may be deemed necessary.

10. Repealed by S.L. 1971, ch. 468, § 5.
11. Provide medical food and low-protein modified food products under chapter 25-17 to individuals with phenylketonuria or maple syrup urine disease.
12. Establish eligibility criteria for services under this chapter at one hundred eighty-five percent of the poverty line, except for criteria relating to Russell-Silver syndrome, phenylketonuria, or maple syrup urine disease treatment services for which income is not to be considered when determining eligibility. For purposes of this chapter, "poverty line" has the same meaning as defined in section 50-29-01.

50-10-07. Birth report of crippled child made to state agency. Within three days after the birth in this state of a child born with a visible congenital deformity, the licensed maternity hospital or home in which such child is born, or the legally qualified physician or other person in attendance at the birth of such child outside of a maternity hospital, shall furnish the state agency such reports as it may require concerning such child.

50-10-08. Birth report of crippled child - Use - Confidential. The information contained in the report furnished the state agency under the provisions of section 50-10-07 concerning a child with a visible congenital deformity may be used by the state agency for the care and treatment of the child pursuant to the provisions of this chapter. The report is confidential and is solely for the use of the state agency in the performance of its duties. It is not open to public inspection nor considered a public record except for the purposes set forth in this section.

50-10-09. Duties of the county agencies. A county agency shall:

1. Cooperate with the state agency in administering the provisions of this chapter in its county subject to the rules and regulations prescribed by the state agency.
2. Make surveys and reports regarding crippled children in the various counties to the state agency at such times and in such manner and form as the state agency, from time to time, may direct.
3. Provide for the transportation of crippled children to clinics for medical examination and to hospitals or clinics for treatment.

50-10-10. Russell-Silver syndrome - Services - Definitions.

1. The state agency shall provide payment of a maximum of fifty thousand dollars per child per biennium for medical food and growth hormone treatment at no cost to individuals through age eighteen who have been diagnosed with Russell-Silver syndrome, regardless of income. If the state agency provides an individual with services under this section, the state agency may seek reimbursement from any governmental program that provides coverage to that individual for the services provided by the department. The parent of an individual receiving services under this section shall obtain any health insurance available to the parent on a group basis or through an employer or union, and that insurance must be the primary payer before payment under this program.
2. For purposes of this section:
 - a. "Growth hormone treatment" means a drug prescribed by a physician or other licensed practitioner for the long-term treatment of growth failure, the supplies necessary to administer the drug, one out-of-state physician visit per year to obtain expert consultation for the management of Russell-Silver syndrome, appropriate in-state physician visits, and the travel expenses associated with physician visits for the child and one parent.

- b. "Medical food" means a formula that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and is formulated to be consumed or administered under the direction of a physician as well as any medical procedure and supplies necessary for assimilation of the formula.